



Commonwealth of Massachusetts

# Asbestos Notification Form ANF-001

Project Revision Notification

100217277R1

Asbestos Project #

☒ Project Revision

☐ Project Cancellation

## A. Asbestos Abatement Description

### 1. Facility Location:

35 PEARL STREET

35 PEARL STREET

Name of Facility

Street Address

WEBSTER

MA

01570

0000000000

City/Town

State

Zip Code

Telephone

N/A

N/A

Facility Contact Person Name

Facility Contact Person Title

Worksite Location:

35 PEARL STREET

Building Name, Wing, Floor, Room, etc.

### 2. Blanket Permit Project Approval, if applicable:

Approval ID #

### 3. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable:

Approval ID #

MassDEP Use Only

4/8/2015

4/24/2015

Date Received

Project Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

0800-1600

0800-1600

Work Hours - Monday Through Friday

Work Hours - Saturday & Sunday

### 2. Submit Original

Form To:

Commonwealth of

Massachusetts

Asbestos Program

P.O. Box 120087

Boston, MA 02112-

0087

## B. Other Project Revisions:

**Note:** Temporary storage of Asbestos containing waste material is only allowed at the place of business of a DLS licensed Asbestos contractor or a transfer station that is permitted by MassDEP and operated in compliance with Solid Waste Regulations 310 CMR 19.000



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### C. Certification

**Note:** Contractor must sign this form for DLS notification purposes

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. The undersigned hereby states that I have read the Commonwealth of Massachusetts regulations governing asbestos abatement (453 CMR 6.00 promulgated by the Department of Labor Standards and 310 CMR 7.15 promulgated by the Department of Environmental Protection), and that I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

LOUIS JAVIER

Name

PRESIDENT

Position/Title

8578913842

Telephone

81 CHESTNUT AVENUE

Address

MA

State

LOUIS JAVIER

Authorized Signature

4/13/2015

Date (MM/DD/YYYY)

ENVIROGREEN LLC

Representing

JAMAICA PLAIN

City/Town

02130

Zip Code